Case 17-06751 Doc 1 Filed 03/06/17 Entered 03/06/17 13:51:09 Desc Main Document Page 1 of 57

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: | Identify Yourself | | | |
|-----|-----------------------|---|---|---|---|
| | | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | | |
| | your pictu exar | e the name that is on government-issued are identification (for nple, your driver's ase or passport). | Rhonda First name T Middle name | | First name Middle name |
| | iden | g your picture tification to your ting with the trustee. | Goshay Last name and Suffix (Sr., Jr., II, III) | - | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | | |
| | | ide your married or den names. | | | |
| 3. | you num Indi | y the last 4 digits of r Social Security sber or federal vidual Taxpayer tification number | xxx-xx-8446 | | |

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Case number (if known)

Debtor 1 Rhonda T Goshay

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 120 Enclave Cr Unit E | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Will County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, | Check one: ☐ Over the last 180 days before filing this petition, I |
| | | I have lived in this district longer than in any other district. | have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Debtor 1 Rhonda T Goshay

| Par | t 2: Tell the Court About | Your E | Bankruptcy Ca | ise | | | | |
|-----|---|-------------|----------------------|------------------------------------|---|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> a f page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy box. | | |
| | choosing to file under | ■ Chapter 7 | | | | | | |
| | | □с | Chapter 11 | | | | | |
| | | □с | Chapter 12 | | | | | |
| | | | Chapter 13 | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typ attorney is sub | pically, if you are paying the fee you | with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money lf, your attorney may pay with a credit card or check with | | |
| | | | | | tallments. If you choose this options to (Official Form 103A). | n, sign and attach the Application for Individuals to Pay | | |
| | | | I request tha | nt my fee be wa | aived (You may request this option | only if you are filing for Chapter 7. By law, a judge may, ar income is less than 150% of the official poverty line that | | |
| | | | applies to you | ur family size ar | nd you are unable to pay the fee in | installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition. | | |
|). | Have you filed for | ■ N | | | | | | |
| | bankruptcy within the last 8 years? | | | | | | | |
| | iast o years : | ⊔ Y€ | es. District | | When | Case number | | |
| | | | District | | When When | Case number Case number | | |
| | | | District | | When | Case number | | |
| | | | | | | | | |
| 0. | Are any bankruptcy cases pending or being | ■ N | 0 | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your | N₁ | o. Go to I | ine 12. | | | | |
| | residence? | ■ Ye | _{es} Has yo | our landlord obta | ained an eviction judgment against | you and do you want to stay in your residence? | | |
| | | - ' ' | ■ | No. Go to line | 12. | | | |
| | | | | Yes. Fill out Inbankruptcy pe | | ludgment Against You (Form 101A) and file it with this | | |

Document Page 4 of 57 Case number (if known) Debtor 1 Rhonda T Goshay Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

urgent repairs?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs

Number, Street, City, State & Zip Code

Where is the property?

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Debtor 1 Rhonda T Goshay

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | otor 1 Rhonda T Goshay | <i>'</i> | | Case | number (if known) | |
|-----|---|--|--|---|--------------------------------|---|
| Par | t 6: Answer These Quest | ions for Repo | rting Purposes | | | |
| 16. | What kind of debts do you have? | | e your debts primarily consu lividual primarily for a personal | | | U.S.C. § 101(8) as "incurred by an |
| | | | No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | | e your debts primarily busine oney for a business or investme | | | |
| | | | No. Go to line 16c. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16c. Sta | ate the type of debts you owe the | nat are not consumer debts or | business debts | |
| 17. | Are you filing under Chapter 7? | □ No. Ia | m not filing under Chapter 7. G | o to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. la | m filing under Chapter 7. Do yo e paid that funds will be availab | ou estimate that after any exem le to distribute to unsecured cr | npt property is ex editors? | cluded and administrative expenses |
| | administrative expenses | | No | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | Yes | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 25,001-50,000 |
| | you estimate that you owe? | ☐ 50-99 | | □ 5001-10,000 | | 50,001-100,000 |
| | •••• | □ 100-199 □ 200-999 | | □ 10,001-25,000 | | More than100,000 |
| 19. | How much do you estimate your assets to | ■ \$0 - \$50,0 | 000 | □ \$1,000,001 - \$10 million | | \$500,000,001 - \$1 billion |
| | be worth? | \$50,001 - | | □ \$10,000,001 - \$50 millio □ \$50,000,001 - \$100 millio | | \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion |
| | | □ \$100,001 □ \$500,001 | | □ \$100,000,001 - \$500 mill | | More than \$50 billion |
| 20. | How much do you estimate your liabilities | □ \$0 - \$50,0 □ \$50,001 | | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 millio | | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion |
| | to be? | ■ \$100,001 | | □ \$10,000,001 - \$50 millio | | \$10,000,000,001 - \$10 billion |
| | | \$500,001 | | □ \$100,000,001 - \$500 mill | ion \square | More than \$50 billion |
| Par | t 7: Sign Below | | | | | |
| For | you | I have exami | ned this petition, and I declare | under penalty of perjury that th | ne information pr | ovided is true and correct. |
| | | | sen to file under Chapter 7, I ar s Code. I understand the relief | | | hapter 7, 11,12, or 13 of title 11, proceed under Chapter 7. |
| | | | represents me and I did not parave obtained and read the not | | | rney to help me fill out this |
| | | I request relie | ef in accordance with the chapt | er of title 11, United States Co | de, specified in t | his petition. |
| | | bankruptcy c and 3571. | ase can result in fines up to \$2 | | | y by fraud in connection with a both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | /s/ Rhonda Rhonda T Signature of | Goshay | Signature o | f Debtor 2 | |
| | | Executed on | March 6, 2017 | Executed o | n MM / DD / Y | YYY |

Debtor 1 Rhonda T Goshay Page 7 of 57 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Julie Gleason | Date | March 6, 2017 |
|--|---------------|--------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| India Olasaan | | |
| Julie Gleason | | |
| Printed name | | |
| Gleason & Gleason | | |
| Firm name | | |
| 77 W Washington, Ste 1218 | | |
| Chicago, IL 60602 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 578-9530 | Email address | troy@chicagobk.com |
| 6273536 | | |
| Bar number & State | | |

Document Page 8 of 57 Fill in this information to identify your case: Debtor 1 Rhonda T Goshay Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets | | |
|----|--|------------------------|---------------------------|
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 18,200.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 18,200.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 12,808.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 156,044.94 |
| | Your total liabilities | \$ | 168,852.94 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,287.63 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,275.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a persona ^l | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Rhonda T Goshay Document Page 9 of 57
Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 138,963.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 138,963.00 |

| No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? I someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make: Chevy Who has an interest in the property? Check one the amount Creditions Year: 2011 Debtor 1 only Current ventire provide information: Debtor 1 and Debtor 2 only Current ventire provide instructions) 3.2 Make: Hyundai Who has an interest in the property? Check one the amount Creditors Who has an interest in the property? Check one the amount Creditors Who has an interest in the property? Check one Do not detend the amount Creditors Who has an interest in the property? Check one Do not detend the amount Creditors Approximate mileage: 70000 Other information: Debtor 2 only Current ventire provides and Debtor 2 only Current ventire provides and Debtor 2 only Current ventire provides and Debtor 3 and | 1 | , o main |
|--|--------------------|---|
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: MORTHERN DISTRICT OF ILLINOIS Case number Difficial Form 106A/B Schedule A/B: Property The each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, link it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally resyndraments. Be as complete and accurate as possible. If two married people are filing together, both are equally resyndraments. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your inswer every question. Part I: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? I omecone elies drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Least One of the Accustory Contracts and Interest In the property? Check one of the Accustory Contracts and Interest One of the Accustory Contracts | 4 | |
| Debtor 2 Spouse, filling) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Difficial Form 106A/B Schedule A/B: Property The each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list in lik it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally resistant in the property of the capital programs of the capital property and interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? I comeone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Lease. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No. Yes: 2011 Approximate mileage: 80,000 Other information: Who has an interest in the property? Check one the amount of the debtors and another Check if this is community property At least one of the debtors and another Check if this is community property At least one of the debtors and another Ceditors Ven: 2013 Approximate mileage: 70000 Other information: Joint with son - he drives and pays Check if this is community property At least one of the debtors and another Current ventire processes and another Current ventire processes. | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | |
| Difficial Form 106A/B Schedule A/B: Property Leach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list it fits beat. Be as complete and accurate as possible. If two married people are filing together, both are equally resy formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your inswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ■ No. Go to Part 2. □ Yes. Where is the property? ■ No. Go to Part 2. □ Yes. Where is the property? ■ The property of the complete o | | |
| Deficial Form 106A/B Schedule A/B: Property I each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, link if fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsive that the property of the control of t | | |
| Deficial Form 106A/B Schedule A/B: Property I each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, link if itis best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsive revery question. Part 12: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Part 2: Describe Your Vehicles Yo you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? I omeone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Least Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No. Yes: About Yes: 3.1 Make: Chevy Model: Equinox Year: 2011 Approximate mileage: 80,000 Other information: Approximate mileage: 70000 Other information: Who has an interest in the property? Check one the amount of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one the amount of the debtors and another Check if this is community property Current ventire productions Approximate mileage: 70000 Other information: Joint with son - he drives and pays Current ventire productions Check if this is community property Current ventire productions Current ventire | | ☐ Check if this is an |
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| Someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make: Chevy | | |
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| Model: Sonata Year: 2013 Approximate mileage: 70000 Other information: Joint with son - he drives and pays Who has an interest in the property? Check one the amour Creditors Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Current v. entire property | \$7,500.00 | \$7,500.00 |
| Model: Sonata Year: 2013 Approximate mileage: 70000 Other information: Joint with son - he drives and pays Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Current v. entire pro | duct secured cla | ims or exemptions. Put |
| Year: 2013 Approximate mileage: 70000 Other information: Joint with son - he drives and pays Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another | nt of any secured | I claims on Schedule D: |
| Approximate mileage: 70000 Debtor 1 and Debtor 2 only entire pro Other information: At least one of the debtors and another Joint with son - he drives and pays Current v. Check if this is community property | | , , , |
| Other information: At least one of the debtors and another Joint with son - he drives and pays Check if this is community property | | Current value of the portion you own? |
| pays | | |
| | \$7,500.00 | \$7,500.00 |
| | | |
| Watercraft aircraft meter homes ATVs and other recreational vehicles other vehicles and accessories | c | |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | 5 | |
| | | |
| ■ No □ Yes | | |

Official Form 106A/B Schedule A/B: Property page 1

| | | | Filed 03/06/17 Document | Page 11 of 57 | |
|----------------------------------|--------------------------------------|---|--|---|---|
| Debtor 1 | Rhonda T Go | shay | | Case number | (if known) |
| | | | | om Part 2, including any entries f | |
| Part 3: De | scribe Your Persor | nal and Household Ite | ms | | |
| Do you ov | vn or have any le | gal or equitable inte | erest in any of the follow | ing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exampi □ No - | old goods and fulles: Major appliand | urnishings ces, furniture, linens, | china, kitchenware | | |
| | | Misc. Household tables, chairs, so | | rniture, Kitchen Appliances, | \$950.00 |
| □No | les: Televisions ar | nd radios; audio, vide phones, cameras, me | | oment; computers, printers, scanner | s; music collections; electronic devices |
| | | Consumer Elect Games, Phones, | | visions, Radios, Computers, | \$250.00 |
| Example No | | figurines; paintings, p ons, memorabilia, coll | | oks, pictures, or other art objects; st | amp, coin, or baseball card collections; |
| | | Books, Pictures | Videos, and DVDs | | \$150.00 |
| ■ No □ Yes. 10. Firearr Example | musical instru Describe | graphic, exercise, and iments | d other hobby equipment; on, and related equipmen | | s; canoes and kayaks; carpentry tools; |
| ■ No □ Yes. | Describe | | | | |
| □ No | | othes, furs, leather co | ats, designer wear, shoes | accessories | |
| | | Used Clothing | | | \$300.00 |
| □ No | | velry, costume jewelr | y, engagement rings, wed | ding rings, heirloom jewelry, watche | s, gems, gold, silver |

Schedule A/B: Property

Official Form 106A/B

Misc. Costume Jewelry

\$100.00

| Debtoi | Case 17-06751 Rhonda T Goshay | Doc 1 | Filed 03/06/17 Document | Entered 03/06/17 13:9 Page 12 of 57 Case number | |
|--|---|--|---|--|---|
| | <u> </u> | | | | (II Mown) |
| <i>E</i> > | on-farm animals xamples: Dogs, cats, birds, hors No Yes. Describe | ses | | | |
| | | ald itama va | , did not already list in | | not list |
| I | • | - | i did not aiready list, ii | ncluding any health aids you did | not list |
| | add the dollar value of all of y or Part 3. Write that number h | | | ny entries for pages you have atta | \$1,750.00 |
| Part 4: | | | | | |
| Do yo | u own or have any legal or ed | quitable intere | est in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | xamples: Money you have in yo | • | | osit box, and on hand when you file | your petition |
| | | | | Cash on | Hand \$50.00 |
| | institutions. If you have | | caccounts; certificates counts with the same ins | titution, list each. | rokerage houses, and other similar |
| | 17.1. | Checking | ВОА | | \$100.00 |
| <i>E</i> > | | | th brokerage firms, mor | ey market accounts | |
| | int venture | nterests in in | corporated and uninco | orporated businesses, including a | an interest in an LLC, partnership, and |
| | Yes. Give specific information a | about them | | % of owners | shin: |
| | Nan | io or ornity. | | | |
| Ne | overnment and corporate bon egotiable instruments include p on-negotiable instruments are t | ds and other ersonal checks | s, cashiers' checks, pro | missory notes, and money orders. | |
| Ne Ne I | overnment and corporate bon egotiable instruments include p on-negotiable instruments are to No Yes. Give specific information a | ds and other ersonal checks hose you cann | s, cashiers' checks, pro | missory notes, and money orders. | |
| Ne N | evernment and corporate bon egotiable instruments include p con-negotiable instruments are to No Yes. Give specific information a Issu ettirement or pension accounts examples: Interests in IRA, ERIS | ds and other ersonal checks hose you cann bout them er name: s A, Keogh, 401 | s, cashiers' checks, pror ot transfer to someone | missory notes, and money orders. | |
| Ne N | evernment and corporate bon egotiable instruments include pon-negotiable instruments are to No Yes. Give specific information a Issu extirement or pension accounts examples: Interests in IRA, ERIS No Yes. List each account separate | ds and other ersonal checks hose you cann bout them er name: s A, Keogh, 401 | s, cashiers' checks, pror ot transfer to someone | nissory notes, and money orders. by signing or delivering them. s accounts, or other pension or prof | |

Official Form 106A/B Schedule A/B: Property page 3 Case 17-06751 Doc 1 Filed 03/06/17 Entered 03/06/17 13:51:09 Desc Main Document Page 13 of 57

Case number (if known)

| ים | Kilona | a i Gosiiay | | | ase number (# known) | |
|-----|--|---|--|---|--------------------------------|---|
| 22. | Your share of all | | | / continue service or use from (electric, gas, water), telect | | or others |
| | ■ No □ Yes | ····· | Institu | tion name or individual: | | |
| 23. | _ ` | tract for a periodic paym | nent of money to you, eith | er for life or for a number of | years) | |
| | ■ No □ Yes | Issuer name and de | escription. | | | |
| 24. | 26 U.S.C. §§ 530(| lucation IRA, in an acc b)(1), 529A(b), and 529 | | E program, or under a qua | lified state tuition progran | 1. |
| | ■ No □ Yes | Institution name an | d description. Separately | file the records of any intere | sts.11 U.S.C. § 521(c): | |
| 25. | Trusts, equitable ■ No | or future interests in | property (other than an | ything listed in line 1), and | rights or powers exercisa | ble for your benefit |
| | | cific information about th | nem | | | |
| 26. | | | secrets, and other intelestes, proceeds from royal | llectual property ties and licensing agreemen | ts | |
| | | cific information about th | nem | | | |
| 27. | | ises, and other general ng permits, exclusive lic | | ciation holdings, liquor licens | es, professional licenses | |
| | _ | cific information about th | nem | | | |
| M | oney or property o | owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owe □ No ■ Yes. Give spec | | em, including whether you | u already filed the returns an | d the tax years | |
| | | | Estimated 2016 Fed | oral Incomo Tav | 1 | |
| | | | Refund | erai income Tax | | \$500.00 |
| 29 | Family support Examples: Past of ■ No □ Yes. Give spec | · | y, spousal support, child | support, maintenance, divord | ce settlement, property settle | ement |
| 30. | Examples: Unpa | someone owes you id wages, disability insu fits; unpaid loans you m | | / benefits, sick pay, vacation | pay, workers' compensation | n, Social Security |
| | ■ No □ Yes. Give spec | cific information | | | | |
| 31. | Interests in insu Examples: Healtl □ No | | ance; health savings acco | ount (HSA); credit, homeown | er's, or renter's insurance | |
| | | insurance company of e Company n | each policy and list its valuame: | ue. Beneficiar | y: | Surrender or refund value: |
| | | Term Life Employer | Insurance Policy w/ - No CSV | | | \$0.00 |
| | | | | | | |

page 4

| Debtor 1 | Rhonda T Goshay | Document | Page | 2 14 o | if 57 _C | ase numbe | r (if known) | |
|---------------------------|---|--|-----------------------|------------|--------------------|--------------|---------------|-----------------------|
| | Talloniaa i Goollay | | | | | | () | |
| If you a someo | terest in property that is due you from sare the beneficiary of a living trust, expect one has died. Give specific information | omeone who has die proceeds from a life in | ed nsurance | policy, o | or are c | urrently ent | itled to rece | eive property because |
| Exam _p ■ No | against third parties, whether or not your less: Accidents, employment disputes, insured Describe each claim | | | le a den | nand fo | or paymen | t | |
| ■ No | contingent and unliquidated claims of e | very nature, includin | ng counte | erclaims | s of the | e debtor an | d rights to | set off claims |
| ■ No | Give specific information | | | | | | | |
| | he dollar value of all of your entries from art 4. Write that number here | | | | | | | \$1,450.00 |
| Part 5: De | scribe Any Business-Related Property You O | wn or Have an Interest | In. List an | ıy real es | state in I | Part 1. | | |
| No. Go | own or have any legal or equitable interest in to Part 6. | any business-related p | property? | | | | | |
| ☐ Yes. G | Go to line 38. | | | | | | | |
| | scribe Any Farm- and Commercial Fishing-Reou own or have an interest in farmland, list it in F | | vn or Have | an Intere | est In. | | | |
| ■ No. | own or have any legal or equitable inte Go to Part 7. . Go to line 47. | erest in any farm- or o | commerc | cial fishi | ing-rel | ated prope | erty? | |
| Part 7: | Describe All Property You Own or Have an | Interest in That You Did | id Not List | Above | | | | |
| Exam _p ■ No | have other property of any kind you dio bles: Season tickets, country club members Give specific information | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Case number (if known)

Document Debtor 1 **Rhonda T Goshay**

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$15,000.00 Part 3: Total personal and household items, line 15 57. \$1,750.00 Part 4: Total financial assets, line 36 \$1,450.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$18,200.00 Copy personal property total \$18,200.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$18,200.00

Official Form 106A/B Schedule A/B: Property page 6

| | | | HI I duc 10 Ol 37 | |
|---------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Rhonda T Gosha | у | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property You | Claim as Exempt |
|---------|--------------|--------------|-----------------|
|---------|--------------|--------------|-----------------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on | Current value of the | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--|-----|---|------------------------------------|
| Schedule A/B that lists this property | portion you own Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2011 Chevy Equinox 80,000 miles Line from Schedule A/B: 3.1 | \$7,500.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| 2011 Chevy Equinox 80,000 miles | \$7,500.00 | | \$4,000.00 | 735 ILCS 5/12-1001(b) |
| Ellie IIIIII Schedule A/D. 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc. Household Goods (Bedroom Furniture, Kitchen Appliances, | \$950.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| tables, chairs, sofas) Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Books, Pictures, Videos, and DVDs Line from Schedule A/B: 8.1 | \$150.00 | | 100% | 735 ILCS 5/12-1001(a) |
| Ellie IIolii Genedale Av.B. G. I | | | 100% of fair market value, up to any applicable statutory limit | |
| Used Clothing Line from Schedule A/B: 11.1 | \$300.00 | | 100% | 735 ILCS 5/12-1001(a) |
| LINE HOITI SCHEUUIE PVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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| De | ebtor 1 Rnonda i Gosnay | | | Case number (if known) | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Misc. Costume Jewelry Line from Schedule A/B: 12.1 | \$100.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | Line from Governo V.D. 12-1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash on Hand Line from Schedule A/B: 16.1 | \$50.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | Line IIom Schedule A/B. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: BOA Line from Schedule A/B: 17.1 | \$100.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | Line IIoiii Scriedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401(k) w/ Current Employer - 100% exempt | \$800.00 | | 100% | 735 ILCS 5/12-1006 |
| | Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Estimated 2016 Federal Income Tax Refund | \$500.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Estimated 2016 Federal Income Tax Refund | \$500.00 | | \$0.00 | 735 ILCS 5/12-1001(g)(1) |
| | Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmen | nt) |
| | ■ No | o yours and marror of | 1000 11 | ied on or aner the date of adjustmen | , |
| | Yes. Did you acquire the property cove | red by the exemption w | ithin 1 | .215 days before you filed this case | ? |
| | □ No | | | , 2 22, 5 25.5.5 } 5 2 5 2 5 2 5 2 | • |
| | □ Yes | | | | |

| Case 1 | L7-06751 | Doc 1 | Filed 03/06/ Document | | ed 03/06/17 13: 8 of 57 | 51:09 [| Desc N | ⁄lain |
|--|---|-------------------|--|----------------------|--|----------------|----------|-----------------------------|
| Fill in this information | to identify you | ır case: | | | | | | |
| Debtor 1 Rh | nonda T Gosh | av | | | | | | |
| | t Name | | iddle Name | Last Name | | | | |
| Debtor 2 (Spouse if, filing) Firs | t Name | Mic | iddle Name | Last Name | | | | |
| United States Bankrupt | cy Court for the | NORTH | HERN DISTRICT O | F ILLINOIS | | | | |
| Case number(if known) | | | | | | | _ | if this is an ded filing |
| Official Form 10 | 6D | | | | | | | |
| | | Who I | Have Claim | ns Secure | ed by Property | y | | 12/15 |
| | | | | | equally responsible for su On the top of any addition | | | |
| . Do any creditors have o | claims secured b | y your prope | erty? | | | | | |
| ☐ No. Check this b | oox and submit t | his form to t | the court with your c | other schedules. ` | You have nothing else to | o report on th | is form. | |
| Yes. Fill in all of | | | , , | | . ou navo noum g oloo t | o . op o | | |
| | | below. | | | | | | |
| Part 1: List All Seco | ured Claims | | | | . Column A | Column B | | Column C |
| List all secured claims for each claim. If more that | | | | | Amount of claim | Value of col | lotoral | Unsecured |
| much as possible, list the | | | , | | Do not deduct the | that support | | portion |
| 2.4 Usundai Canite | al Americ | Dogoribo t | the property that con- | uras the eleimu | value of collateral. | claim | 500.00 | If any |
| 2.1 Hyundai Capita Creditor's Name | ai Americ | 1 | the property that secu | | \$12,808.00 | \$7 , | 500.00 | \$5,308.00 |
| | r Dlyd Cto | _ | rundai Sonata 70 ith son - he drive | | | | | |
| 4000 Macarthu Newport Beacl 92660 | | As of the capply. | date you file, the clair | n is: Check all that | | | | |
| Number, Street, City, St | tate & Zip Code | Unliquid | • | | | | | |
| | • | Dispute | | | | | | |
| Who owes the debt? Ch | neck one. | | lien. Check all that ap | oply. | | | | |
| Debtor 1 only | | ☐ An agre | eement you made (suc | h as mortgage or se | ecured | | | |
| ☐ Debtor 2 only | | car loa | ın) | | | | | |
| Debtor 1 and Debtor 2 | only | ☐ Statuto | ry lien (such as tax lien | n, mechanic's lien) | | | | |
| ☐ At least one of the debt | | ☐ Judgme | ent lien from a lawsuit | • | | | | |
| Check if this claim recommunity debt | lates to a | | including a right to offs | et) | | | | |
| Date debt was incurred | Opened 04/15 Last Active 1/13/17 | Las | st 4 digits of account | number 0504 | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$12,808.00
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$12,808.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | 0000 11 00101 1 | Document | Page 19 | 9 of 57 | DC30 Main |
|-------------------------------------|--|--|--------------------|--|--|
| Fill in th | nis information to identify your | | | | |
| Debtor ' | 1 Rhonda T Gosha | V | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if | | Middle Name | Last Name | | |
| | States Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | | | |
| _ | | - | | | |
| Case nu (if known) | umber | | | | ☐ Check if this is an amended filing |
| | al Form 106E/F | /ha Haya Unaasiwad | Claima | | 42/4E |
| | dule E/F: Creditors W | | | | 12/15 ORITY claims. List the other party to |
| Schedule left. Attac name and | G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec th the Continuation Page to this page d case number (if known). | eured by Property. If more space is ge. If you have no information to re | needed, copy t | he Part you need, fill it out, num | ber the entries in the boxes on the |
| Part 1: | List All of Your PRIORITY Ur iny creditors have priority unsecure | | | | |
| _ | No. Go to Part 2. | a ciamis agamst you: | | | |
| | | | | | |
| Part 2: | es. List All of Your NONPRIORIT | TV Unsecured Claims | | | |
| | any creditors have nonpriority unsec | | | | |
| _ | lo. You have nothing to report in this p | | your other sche | dules. | |
| ■ Y | es. | | | | |
| unse | all of your nonpriority unsecured cleared claim, list the creditor separatel one creditor holds a particular claim, I 2. | y for each claim. For each claim listed | d, identify what t | ype of claim it is. Do not list claims | already included in Part 1. If more |
| | | | | | Total claim |
| | Bolingbrook Healthcare Ass | SOC Last 4 digits of acc | ount number | 8477 | \$100.00 |
| | Nonpriority Creditor's Name 181 Fernwood Dr | When was the debt | incurred? | 2012-2017 | |
| | Bolingbrook, IL 60440 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you | file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and and | other Type of NONPRIOR | RITY unsecured | I claim: | |
| | ☐ Check if this claim is for a com | munity | | | |
| | debt Is the claim subject to offset? | Obligations arising report as priority claim | | ration agreement or divorce that yo | ou did not |
| | No | <u>-</u> ' ' ' | | g plans, and other similar debts | |
| | □ Yes | • | Medical | | |
| | - | - Other. Specify | | | |

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Case number (if know)

| Debt | Kilolida i Gosliay | | Case Humber (II know) | |
|------|--|---|---|------------|
| 4.2 | Capital One Bank Usa N | Last 4 digits of account number | 3416 | \$3,108.00 |
| | Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238 | When was the debt incurred? | Opened 03/08 Last Active 12/28/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | and in a second and it was about any distance | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | I | |
| 4.3 | Capital One Bank Usa N | Last 4 digits of account number | 7369 | \$2,692.00 |
| | Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238 | When was the debt incurred? | Opened 06/03 Last Active 12/28/16 | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | □ Yes | | | |
| | Li res | Other. Specify Credit Card | <u> </u> | |
| 4.4 | Capital One Bank Usa N Nonpriority Creditor's Name | Last 4 digits of account number | 5955 | \$2,544.00 |
| | 15000 Capital One Dr Richmond, VA 23238 | When was the debt incurred? | Opened 08/03 Last Active 12/28/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Credit Card | i | |
| | | | | |

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Debtor 1 Rhonda T Goshay Case number (if know) 4.5 Cbna Last 4 digits of account number 8878 \$635.00 Nonpriority Creditor's Name Opened 09/14 Last Active 50 Northwest Point Road When was the debt incurred? 9/09/16 Elk Grove Village, IL 60007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.6 Comenity Bank/Inbryant Last 4 digits of account number 4229 \$613.00 Nonpriority Creditor's Name Opened 09/15 Last Active 4590 E Broad St When was the debt incurred? 11/28/15 Columbus, OH 43213 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.7 Comenity Bank/roompice Last 4 digits of account number 7860 \$1.612.00 Nonpriority Creditor's Name Opened 12/14/14 Last Active Po Box 182789 When was the debt incurred? 7/22/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Rhonda T Goshay Case number (if know) 4.8 Comenity Bank/torrid Last 4 digits of account number 1444 \$739.00 Nonpriority Creditor's Name Opened 04/12 Last Active Po Box 182685 When was the debt incurred? 12/28/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.9 Credit First N A Last 4 digits of account number \$570.00 Nonpriority Creditor's Name Opened 12/08 Last Active 6275 Eastland Rd When was the debt incurred? 8/06/16 Brookpark, OH 44142 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Credit One Bank Na 6772 \$1,743.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/12 Last Active Po Box 98872 When was the debt incurred? 1/09/17 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Document Page 23 of 57 Case number (if know) Debtor 1 Rhonda T Goshay 4.1 Drs Druzak & Pirozhnik 2173 \$50.00 Last 4 digits of account number Nonpriority Creditor's Name 10 W Martin Ave Ste 100 When was the debt incurred? Naperville, IL 60540 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.1 **Dsnb Macys** 1580 Last 4 digits of account number \$340.00 Nonpriority Creditor's Name Opened 10/14 Last Active 9111 Duke Blvd 7/12/16 When was the debt incurred? Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.1 Fed Loan Serv 0004 \$22,430.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 06/14 Last Active Pob 60610 When was the debt incurred? 1/20/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Educational

Other. Specify

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Case number (if know) Debtor 1 Rhonda T Goshay 4.1 Fed Loan Serv 0001 \$16,612.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/13 Last Active Pob 60610 When was the debt incurred? 1/20/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Fed Loan Serv 0003 \$16,439.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 09/13 Last Active Pob 60610 When was the debt incurred? 1/20/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 **Fed Loan Serv** 0005 \$14,612.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 03/15 Last Active Pob 60610 When was the debt incurred? 1/20/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Official Form 106 E/F

Educational

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Debtor 1 Rhonda T Goshay Case number (if know) 4.1 Fed Loan Serv 0002 \$7,805.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/13 Last Active Pob 60610 When was the debt incurred? 1/20/17 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Illinois Department of Revenue Unknown Last 4 digits of account number 8 Nonpriority Creditor's Name **Bankruptcy Section** When was the debt incurred? PO Box 64338 Chicago, IL 60664-0338 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only ☐ Yes 4.1 **Notic Only Illinois Dept of Employment Securit** Unknown Last 4 digits of account number 9 Nonpriority Creditor's Name **Bankruptcy Unit Collection** When was the debt incurred? **Subdivis** 33 S State St 10th Floor Chicago, IL 60603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice Only

Official Form 106 E/F

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■ No

☐ Yes

□ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify Collection Attorney Edward Hospital

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Debtor 1 Rhonda T Goshay Case number (if know) 4.2 Naperville Radiologists 7465 \$841.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **PO BOX 70** When was the debt incurred? Hinsdale, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.2 **Navient** 1231 Last 4 digits of account number \$61,065.00 Nonpriority Creditor's Name Opened 12/04 Last Active Po Box 9500 1/28/17 When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **Educational** 4.2 **Pioneer Capital Soluti** 7453 \$75.00 Last 4 digits of account number Nonpriority Creditor's Name 300 E Main St Ste 306 When was the debt incurred? **Opened 11/16** Anoka, MN 55303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Suburban Metabolic ☐ Yes Other. Specify **Associates**

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Case number (if know)

| Debtor | 1 Rhonda T Goshay | | Case number (if know) | |
|--------------------|---|---|---|---------------------------|
| 4.2 6 | Quest Diagnostic | Last 4 digits of account number | 3141 | \$763.94 |
| | Nonpriority Creditor's Name PO Box 740397 Cincinnati, OH 45274 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Medical | | |
| 4.2 | Syncb/walmart | Last 4 digits of account number | 3215 | \$206.00 |
| | Nonpriority Creditor's Name | | Opened 42/44 Leet Active | |
| | Po Box 965024 El Paso, TX 79998 | When was the debt incurred? | Opened 12/11 Last Active 12/28/16 | - |
| - | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | u ciaiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify Charge Ac | count | - |
| | _ | | | |
| Part 3: | | | | |
| is tryir have r | is page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts the d for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in nat you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection agency | y here. Similarly, if you |
| | nd Address | On which entry in Part 1 or Part 2 did you | _ | |
| | itist Bolingbrook ox 9247 | | Part 1: Creditors with Priority Unsecured Clai | |
| | ale, IL 60522 | • | Part 2: Creditors with Nonpriority Unsecured | Claims |
| | , | Last 4 digits of account number | | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | |
| ATG C | | | Part 1: Creditors with Priority Unsecured Clai | |
| | ox 14895 go, IL 60614 | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| Omouş | 90, 12 00014 | Last 4 digits of account number | | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | |
| | al Credit Services, Inc. | Line 4.27 of (Check one): | Part 1: Creditors with Priority Unsecured Clai | ms |
| | rporate Hills Drive | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| Jaiiii (| Charles, MO 63301 | Last 4 digits of account number | | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | |
| Edwar | ds Hospital | · · · · · · · · · · · · · · · · · · · | Part 1: Creditors with Priority Unsecured Clai | ims |
| | Washington ville, IL 60540 | | Part 2: Creditors with Nonpriority Unsecured | Claims |

Official Form 106 E/F

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Debtor 1 Rhonda T Goshay

Case number (if know)

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 138,963.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 17,081.94 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 156,044.94 |

| | | DOGUIII | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Rhonda T Gosha | у | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | City | | State | ZIF Code | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | , | | | | |
| 2.4 | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | - | | |
| 2.0 | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| | Jily | | Ciaio | 211 0000 | |

| | | Docume | ent Page 31 d | of 57 | |
|---------------------------|---|---|---------------------------|--|----------|
| Fill in this | s information to identify you | ur case: | | | |
| Dobtor 1 | Dhanda T Cash | | | | |
| Debtor 1 | Rhonda T Gosh | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| I Inited Ct | ataa Dankuuntay Cayut far tha | . NODTHEDNI DISTRICT | OF ILLINOIS | | |
| United St | ates Bankruptcy Court for the | : NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num | nber | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| | . = | | | | |
| Officia | al Form 106H | | | | |
| Sched | dule H: Your Co | debtors | | 12/1: | ; |
| | <u> </u> | 4001010 | | 1271 | <u> </u> |
| ill it out, a our name | | ne boxes on the left. Attach n). Answer every question | the Additional Page t | tion. If more space is needed, copy the Additional Page to this page. On the top of any Additional Pages, write | |
| 1. 00 | you have any codebiors? | il you are liling a joint case, o | do not list either spouse | as a codebior. | |
| ■ No | | | | | |
| Arizo ■ No □ Ye | na, California, Idaho, Louisiar b. Go to line 3. es. Did your spouse, former sp | na, Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | |
| in lin Form | e 2 again as a codebtor only | y if that person is a guaran | tor or cosigner. Make | rif your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Offi 06G). Use Schedule D, Schedule E/F, or Schedule G to | cial |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the de | ot |
| | Name, Number, Street, City, State and | 1 ZIP Code | | Check all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| 3.1 | Name | | | | |
| | | | | ☐ Schedule E/F, line | |
| | | | | □ Schedule G, line | |
| | Number Street | _ | | _ | |
| | City | State | ZIP Code | | |
| | | | | | _ |
| 3.2 | N. | | | Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| E:II : | n this information to identify your | 0000 | | | | | | | |
|----------------|---|---|---|-------------|-------|--|-----------------------|------------------------------------|----------|
| | otor 1 Rhonda T | | | | | | | | |
| | otor 2 | • | | | | | | | |
| Unit | ed States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| Cas (If kno | e number own) | | | | | Check if this is: An amende A supplement 13 income a | d filing ent showi | ng postpetition following date: | |
| <u>Of</u> | ficial Form 106I | | | | | MM / DD/ Y | YYY | | |
| Sc | chedule I: Your Ind | come | | | | | | | 12/15 |
| spou | Fill in your employment | our spouse is not filing wi . On the top of any addition | th you, do not inclu | de inforr | natio | on about your spo case number (if I | ouse. If n | nore space is i | needed, |
| | information. | | | | | □ Emplo | | illing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Not e | - | | |
| | employers. | Occupation | Group Home Su | ıperviso | or | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Childserv | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed the | here? 3 years | | | | | | |
| Part | Give Details About M | onthly Income | | | | | | | |
| | mate monthly income as of the se unless you are separated. | • | you have nothing to re | eport for | any I | ine, write \$0 in the | space. Ir | nclude your nor | n-filing |
| | u or your non-filing spouse have r space, attach a separate sheet t | | ombine the information | n for all e | mplo | oyers for that perso | n on the | lines below. If y | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$ | 4,166.67 | \$ | N/A | |
| 3. | Estimate and list monthly over | rtime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | 4. | \$ | 4,166.67 | \$ | N/A | |

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| Deb | otor 1 | Rhonda T Goshay | - | C | Case | number (if kr | nown) | | | | |
|-----|-----------------------|---|-----------|------------|-------------|---------------|-------|-----------|---------------------|-------------|----------|
| | | | | | For | Debtor 1 | | | Debtor -filing s | | |
| | Cop | by line 4 here | 4. | | \$ | 4,166 | 6.67 | \$ | 9 | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | 764 | 1.97 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ _ | | 0.00 | \$_ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ — | | 0.00 | \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ — | | 0.00 | \$- | | N/A | _ |
| | 5e. | Insurance | 5e | | \$ _ | | 7.07 | \$_ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | <u>\$</u> — | | 0.00 | \$_ | | N/A | _ |
| | 5g. | Union dues | 5g | | <u>*</u> — | | 0.00 | \$_ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | | \$ | | | + \$ | | N/A | _ |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | \$ | | 0.04 | \$ | | N/A | - |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ \$ | 3,287 | | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0.5 | | _ | | | | | | - |
| | 0.1 | monthly net income. | 8a | | \$ | | 0.00 | \$ | | N/A | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8b 8c | | \$ \$ | | 0.00 | \$ \$ | | N/A N/A | _ |
| | 8d. | Unemployment compensation | 8d | | \$ | | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e |) . | \$ | | 0.00 | \$ | | N/A | - |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g | | \$ \$ | | 0.00 | \$_ \$ | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ | | | + \$ | - | N/A | _ |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | S | (| 0.00 | \$ | | N/A | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3,287.63 | + \$ | | N/A | = \$ | 3,287.63 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | 3,207.00 | | | 14/7 | | 0,207.00 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depe | | | | | | | ∍ J. +\$ | 0.00 |
| 12. | | It the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | | 12. | \$ | 3,287.63 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | | y income |
| | | Yes. Explain: | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| | | | | | 1 | | |
|---|--|-------------------------------------|--|--|----------------|-------------------|-------------------------------|
| Fill in this infor | mation to identify yo | our case: | | | | | |
| Debtor 1 | Rhonda T Go | oshay | | | Check | c if this is: | |
| Debtor 2 | | | | | _ | An amended filing | ving postpetition chapter |
| (Spouse, if filing |) | | | | _ | | the following date: |
| United States Ba | ankruptcy Court for the | NORTH | HERN DISTRICT OF ILLIN | OIS | 1 | MM / DD / YYYY | |
| Case number | | | | | | | |
| (If known) | | | | | | | |
| Official I | Form 106J | | | | • | | |
| - | le J: Your l | Exper | nses | | | | 12/15 |
| Be as comple information. I number (if kn | ete and accurate as f more space is ne own). Answer ever | possible eded, atta y questio | . If two married people ar | | | | |
| | scribe Your House joint case? | hold | | | | | |
| ■ No. G | , o to line 2. Does Debtor 2 live i | n a conorr | ata haysahald? | | | | |
| | No | п а ѕераг | ate nousenoid? | | | | |
| | _ | t file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debto | or 2. | |
| | nave dependents? | □ No | . , | , | | | |
| • | • | | Fill out this information for | Danan danića zalati | iawahin ta | Dependent's | Dago denondent |
| Debtor 2. | st Debtor 1 and | Yes. | each dependent | Dependent's related Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| Do not st | ate the | | | | | | □ No |
| | nts names. | | | Child | | 22 | ■ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes ☐ No |
| | | | | | | | □ NO □ Yes |
| | | | | - | | | □ No |
| | | | | | | | ☐ Yes |
| • | expenses include | | No | | | | |
| | s of people other the and your depender | | Yes | | | | |
| | | | | | | | |
| Estimate you | of a date after the b | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the value of s | uch assistance and | | government assistance it cluded it on Schedule I: Y | | | Your expe | ansas |
| (Official Form | 1 1061.) | | | | | Tour exp | |
| | al or home owners s and any rent for the | | ses for your residence. In | nclude first mortgage | e 4. \$ | | 1,250.00 |
| If not inc | luded in line 4: | | | | | | |
| 4a. Re | al estate taxes | | | | 4a. \$ | | 0.00 |
| 4b. Pro | operty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | me maintenance, re | | | | 4c. \$ | | 0.00 |
| | meowner's associat | | | and a mode of a second | 4d. \$ | | 0.00 |
| Addition | ai inortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

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| Debtor ' | Rhonda T Goshay | Case num | ber (if known) | |
|-----------------------|---|--------------|---------------------|----------------------------|
| 3 114 | lities: | | | |
| 6. Ut i 6a. | | 6a. | \$ | 350.00 |
| 6b. | • | 6b. | | 105.00 |
| 6c. | | 6c. | · | 100.00 |
| 6d. | | 6d. | · | |
| | • • • | | · | 180.00 |
| | od and housekeeping supplies | 7. | · | 450.00 |
| | ildcare and children's education costs | 8. | · | 0.00 |
| | othing, laundry, and dry cleaning | 9. | \$ | 150.00 |
| | rsonal care products and services | 10. | | 100.00 |
| | dical and dental expenses | 11. | \$ | 125.00 |
| | Insportation. Include gas, maintenance, bus or train fare. not include car payments. | 12. | \$ | 250.00 |
| | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 15.00 |
| | aritable contributions and religious donations | 14. | · | 0.00 |
| | curance. | 17. | * | 0.00 |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | a. Life insurance | 15a. | \$ | 0.00 |
| _ | b. Health insurance | 15b. | · | 0.00 |
| _ | c. Vehicle insurance | 15b. | * | 200.00 |
| | | 15d. | | |
| | d. Other insurance. Specify: | 150. | Ψ | 0.00 |
| Sp | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: | 16. | \$ | 0.00 |
| | stallment or lease payments: a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | • • | 17a. 17b. | · | |
| | o. Car payments for Vehicle 2 | | * | 0.00 |
| | c. Other Specify: | 17c. | · | 0.00 |
| | d. Other. Specify: | 17d. | \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | ner payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | * | 0.00 |
| | ner real property expenses not included in lines 4 or 5 of this form or on Sche | | our Income. | |
| | a. Mortgages on other property | 20a. | | 0.00 |
| | o. Real estate taxes | 20b. | | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | 20u. 20e. | | |
| _ | | | · | 0.00 |
| ı. Otl | ner: Specify: | 21. | +\$ | 0.00 |
| 2. Ca | Iculate your monthly expenses | | | |
| 22 | a. Add lines 4 through 21. | | \$ | 3,275.00 |
| 22 | o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,275.00 |
| | = === and ===. The result is year monthly expended. | | | 3,273.00 |
| | Iculate your monthly net income. | | | |
| 23 | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,287.63 |
| 23 | o. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,275.00 |
| | | | | |
| 23 | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$ | 12.63 |
| | • | | | |
| | you expect an increase or decrease in your expenses within the year after yo | | | |
| | example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortrage? | r mortgage | payment to increase | e or decrease because of a |
| | dification to the terms of your mortgage? | | | |
| | No. | | | |
| | Yes. Explain here: | | | |

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| Fill in this infor | rmation to identify your | case: | | | |
|--------------------------------------|--|--------------------------|----------------------------|-------------------------|---|
| Debtor 1 | Rhonda T Gosha | ı | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| If two married p You must file th | neople are filing together | n connection with a bank | nsible for supplying cor | rect information. | ment, concealing property, or 0, or imprisonment for up to 20 |
| Sig | gn Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules file | ed with this declaratio | n and |
| X /s/ Rh | onda T Goshay | | x | | |
| | da T Goshay ure of Debtor 1 | | Signature of | Debtor 2 | |
| Date | March 6, 2017 | | Date | | |

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| | | nation to identify you | | | | |
|-----------|--|---|--|---|--|---|
| Dei | otor 1 | Rhonda T Gosha First Name | Middle Name | Last Name | | |
| 1 - | otor 2 | | | | | |
| (Spc | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | nkruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Cas | se number | | | | | |
| (if kr | nown) | | | | | Check if this is an |
| | | | | | | amended filing |
| ٥t | ficial Fo | rico 107 | | | | |
| | ficial Fo | | Affaira far Individ | luala Filipa far B | anler mater | |
| | | | Affairs for Individ | | | 4/10 |
| | | | ible. If two married people a attach a separate sheet to | | | |
| | | n). Answer every que | | | , | |
| Par | t 1: Give [| Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is you | r current marital statu | ıs? | | | |
| | □ Married | | | | | |
| | ✓ Married✓ Not mail | | | | | |
| | | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | Yes. Lis | st all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | <i>I</i> . | |
| | Debtor 1 Pr | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there |
| | 3241 Fox Woodridg | | From-To: 2003-2015 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| 3. | | | ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev | | | |
| Siait | es and territor | ies include Anzona, Ce | illioitila, idalio, Lodisialia, ive | vada, New Mexico, i deito it | ico, rexas, washington and | wisconsin.) |
| | No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out <i>Sci</i> | hedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Par | t 2 Explai | in the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | -time activities. | endar years? |
| | _ | ig a joint case and you | Thave income that you receive | c together, hat it only office di | idel Debiel 1. | |
| | □ No | | | | | |
| | ■ Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$7,692.32 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Case 17-06751 Doc 1 Filed 03/06/17 Entered 03/06/17 13:51:09 Desc Main Document Page 38 of 57 Debtor 1 Case number (if known) Rhonda T Goshay **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$45,230.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$34,138.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy aither Debter 1's ar Debter 2's debte primarily consumer debte?

| are enne | er Debtor i s | s or Debtor 2's debts primarily consumer debts? |
|----------|---------------|--|
| □ No. | | ebtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an primarily for a personal, family, or household purpose." |
| | During the | 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? |
| | □ No. | Go to line 7. |
| | ☐ Yes | List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |
| | * Subject | to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |
| Yes | | or Debtor 2 or both have primarily consumer debts. 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |
| | □ No. | □ No. Neither D individual □ During the □ No. □ Yes * Subject ■ Yes. Debtor 1 of |

□ No. Go to line 7.
 ■ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe paid **Ally Financial** Last 3 months \$1,400.00 \$0.00 □ Mortgage P.O. Box 380901 ■ Car Minneapolis, MN 55438 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other

attorney for this bankruptcy case.

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| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No | rtners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations agent, including one for |
|--|---|--|--|---|---------------------------------|--|
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment litor's name |
| Pai | t 4: Identify Legal Actions, Repossession | s and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or le Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | | d, seized, or levied? | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | d | | | p. spend |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. Creditor Name and Address | | · | | , set off any a | amounts from your Amount |
| | | | | taken | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes | | erty in the possess | ion of an assigne | e for the ben | efit of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gifts | s with a total value | of more than \$60 | 0 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the gi | you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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Rhonda T Goshay Case number (if known)

| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | , | , , , , , | ns with a tota | I value of more than S | \$600 to any charity? |
|-----|---|----------------|--|-----------------------|-----------------------------------|---------------------------|
| | Yes. Fill in the details for each gift or co Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | | Dates you contributed | Value |
| Pa | rt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankrul or gambling? | otcy o | r since you filed for bankruptcy, did y | you lose anyt | hing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the long the amount that insurance has paid. Let ance claims on line 33 of Schedule A/B: | _ist pending | Date of your loss | Value of property lost |
| Pai | rt 7: List Certain Payments or Transfers | : | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or purchased any attorneys, bankruptcy petition purchased No Yes. Fill in the details. | repar | ing a bankruptcy petition? | | | ty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | Gleason & Gleason LLC 77 W. Washington, Ste 1218 Chicago, IL 60602 http://chilawyers.com | | \$90.00 attorney fees plus \$335 filing fee. | 5.00 court | 2017 | \$425.00 |
| | Summit Financial Education Inc 4800 E Flower St Tucson, AZ 85712 | | Credit Counseling | | 2017 | \$14.95 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that | litors | or to make payments to your creditor | r behalf pay c rs? | or transfer any proper | ty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankry transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have alrest No Yes, Fill in the details. | r busi made | ness or financial affairs? as security (such as the granting of a s | | | |
| | Person Who Received Transfer | | Description and value of | | any property or | Date transfer was |
| | Address Person's relationship to you | | property transferred | payments paid in ex | received or debts change | made |

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Debtor 1 Rhonda T Goshay

| 19. | within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No | | y property to a | self-settle | d trust or similar device | of which you | are a |
|-----|--|--|---------------------------|-------------|--|----------------------|---------------------------------|
| | ☐ Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | sferred | Date Trans made | fer was |
| Pai | tt 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and St | orage Unit | ts | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or | • | | | | · | , |
| | houses, pension funds, cooperatives, associa | | | | ., | | |
| | Yes. Fill in the details. | | | | | | |
| | | Last 4 digits of account number | Type of according trument | unt or | Date account was closed, sold, moved, or transferred | before clo | balance osing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, a | ny safe de | posit box or other depos | itory for secu | ırities, |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you s have it? | itill |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 | year befo | re you filed for bankrupto | ;y? | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you s have it? | still |
| Pai | rt 9: Identify Property You Hold or Control fo | or Someone Else | | | | | |
| 23. | Do you hold or control any property that som for someone. | eone else owns? Inclu | ude any proper | ty you bor | rowed from, are storing t | or, or hold in | trust |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value |
| Pai | rt 10: Give Details About Environmental Infor | mation | | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these states. | air, land, soil, surface | e water, ground | | | | no suot |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | | environmental | law, wheth | er you now own, operate | , or utilize it | or used |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o | | as a hazardous | waste, ha | zardous substance, toxi | c substance, | |

Official Form 107

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Rhonda T Goshay

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
|-----|---|--|-------------------------------------|--------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envir | onmental law? Include settlements a | nd orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Con | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have any | of the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in a t | ole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnership | p (LLP) | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing execut | tive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | | | |
| | ■ No. None of the above applies. Go to Part | 12. | | | | | |
| | Yes. Check all that apply above and fill in the | he details below for each business. | | | | | |
| | | scribe the nature of the business | Employer Identification number | | | | |
| | Address (Number, Street, City, State and ZIP Code) | me of accountant or bookkeeper | Do not include Social Security r | lumber or IIIN. | | | |
| 28. | Within 2 years before you filed for bankruptcy, on stitutions, creditors, or other parties. | did you give a financial statement to | o anyone about your business? Inclu | de all financial | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | te Issued | | | | | |
| | | | | | | | |

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Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rhonda T Goshay
Rhonda T Goshay
Signature of Debtor 2

Signature of Debtor 1

Date March 6, 2017
Date Date
No
□ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this inforn | nation to identify you | case: | | |
|-----------------------------------|---|------------------------|--|--|
| Debtor 1 | Rhonda T Gosha | ıv | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official Fo | rm 108 | | | |
| | | n for Indiv | iduals Filing Under (| Chapter 7 12/15 |
| Otatomor | it or interior | on indiv | Tadais i iiiig Olidei (| |
| | vidual filing under ch | • | out this form if: | |
| _ | e claims secured by y | | | |
| You must file this | ver is earlier, unless t | within 30 days after | you file your bankruptcy petition or by | the date set for the meeting of creditors, opies to the creditors and lessors you list |
| | cople are filing togethed | er in a joint case, bo | th are equally responsible for supplyin | g correct information. Both debtors must |
| | and accurate as possi our name and case nu | | needed, attach a separate sheet to the | s form. On the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Ha | ve Secured Claims | | |
| 1. For any creditorinformation be | - | Part 1 of Schedule D | Creditors Who Have Claims Secured | by Property (Official Form 106D), fill in the |
| | editor and the property | that is collateral | What do you intend to do with the p | |
| | | | secures a debt? | as exempt on Schedule C? |
| One disease | | | _ | |
| Creditor's H y | yundai Capital Ame | eric | ☐ Surrender the property.☐ Retain the property and redeem it. | ■ No |
| Description of | 2012 Hyundai Sar | noto 70000 | ☐ Retain the property and enter into a | ☐ Yes |
| property | miles | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | Joint with son - h pays | e drives and | Retain and co-signer will pay | |
| | pays | | | |
| | our Unexpired Person | <u> </u> | in Schadula G. Evacutory Contracts a | nd Unexpired Leases (Official Form 106G), fill |
| in the information | n below. Do not list re | al estate leases. Un | | in effect; the lease period has not yet ended. |
| Describe your u | nexpired personal pro | pperty leases | | Will the lease be assumed? |
| Lessor's name: | • | | | |
| Description of lea | ased | | | □ No |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Description of lea Property: | ased | | | ☐ Yes |
| -r y | | | | □ 1 <i>62</i> |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Rhonda T Goshay | Case number (if known) |
|--------------------------------------|------------------------|
| | |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |

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| Debtor ' | 1 Rhonda T Goshay | Case number (if known) |
|----------|--|--|
| | | |
| | | |
| | | |
| | | |
| | - | |
| Part 3: | Sign Below | |
| property | y that is subject to an unexpired lease. | ated my intention about any property of my estate that secures a debt and any personal |
| X /s/ | / Rhonda T Goshay | X |
| Rh | nonda T Goshay | Signature of Debtor 2 |
| Sig | gnature of Debtor 1 | |
| Da | ate March 6, 2017 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7 | 7 : | Liquidation | |
|-----------|------------|--------------------|--|
| \$2 | 245 | filing fee | |
| 5 | \$75 | administrative fee | |
| + 9 | \$15 | trustee surcharge | |
| \$3 | 335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-06751 Doc 1 Filed 03/06/17 Entered 03/06/17 13:51:09 Desc Main Document Page 51 of 57

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | Rhonda T Goshay Case No. |
|------|--|
| | Debtor(s) Chapter 7 |
| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |
| | For legal services, I have agreed to accept \$ 940.00 |
| | Prior to the filing of this statement I have received \$ 90.00 |
| | Balance Due \$ 850.00 |
| 2. | \$335.00 of the filing fee has been paid. |
| 3. | The source of the compensation paid to me was: |
| | ■ Debtor □ Other (specify): |
| 4. | The source of compensation to be paid to me is: |
| | ■ Debtor □ Other (specify): |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; |
| | b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; |
| | c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: a. Representation of the debtors in any dischargeability actions, judicial lien avoidances, or any other adversary proceeding. |
| | b. Debtor is responsible for the 2 mandatory credit counseling classes. |
| | c. This fee agreement does not include representation in motions to redeem. |

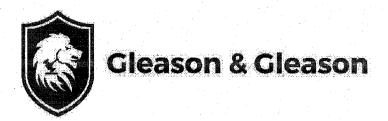
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| In re | Rhonda T Goshay | | |
|-------|-----------------|--|--|
| | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| | CERTIFICATION |
|--|---|
| I certify that the foregoing is a complete stateme this bankruptcy proceeding. | nt of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| March 6, 2017 Date | /s/ Julie Gleason Julie Gleason 6273536 Signature of Attorney Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com Name of law firm |



Chapter 7 Information and Advice

Attorney fees \$940 + Court costs \$335 = \$1275 total costs

Payment Plan: 3 payments of \$425. If all fees are not paid prior to the filing of your case, you will be asked to sign a post-petition fee agreement for services rendered after the filing of your case.

Fees Cover: Intake appointment with attorney, petition preparation, representation at your first meeting of creditors, answering creditor calls and requests.

FEES DO NOT COVER: Credit counseling - there are 2 MANDATORY CLASSES. Additional litigation for adversaries, redemptions, defense of motions brought on behalf of a creditor or a trustee, or conversion of a chapter 7 to a chapter 13. You will be charged \$30 to add any creditors after the case is filed. You will be charged \$100 for us to attend a second meeting of creditors if you miss your first meeting. If your case is closed for failure to take the second class, the court will require you to pay \$260 to reopen the case.

Initial here: I understand it is the policy of Gleason and Gleason that I am required to take my second class between case filing and my first 341 meeting of creditors. I understand that if my case closes without discharge and my certificate is dated after the first 341 meeting of creditors it is my responsibility to pay \$260 to reopen it.

Typical dischargeable debts: credit cards, medical bills, utilities, unsecured judgments, repossessions, personal loans, payday Loans

Non dischargeable debts: Alimony, **child support**, debts owed under a divorce decree, **student loans**, **traffic tickets**, **parking tickets**, fines, criminal restitution, debt for personal injury or death related to a DUI, overpayment of government benefits, **taxes**. Co-signors are still responsible for debts. Credit card charges over \$500 in the last 90 days and cash advances over \$750 in the last 70 days may not be discharged.

Secured Loans Surrendering: (House|Car|Furniture|Jewelry) If you are surrendering a car or a house you are still responsible for tickets, code violations, HOA Fees etc until ownership\title is transferred - usually through a sale, like an auction of the car or house. Title is not transferred through the bankruptcy process. You will be responsible for utilities if not disconnected. Loans through municipal credit unions may be secured by pensions. Credit union loans may be cross collateralized with other credit union loans.

Secured Loans Keeping: Initial here: ______I understand I must continue to make regular payments on all secured loans I am keeping. I may have to mail in payments as auto debit and check by phone may be disabled until a debt is reaffirmed. I understand I am required to maintain insurance. I understand that if I am keeping a property I must pay all mortgages including but not limited to 2nd mortgages and home equity lines of credit.

Payday Loans | Autodebits | Post dated checks: You must stop them with your bank. It may require closing the bank account. **Utilities:** If you bankrupt your utilities they are allowed to charge a deposit for future service and you must pay for any service used after your filing date forward. If you bankrupt a phone or cellular service they may discontinue service.

.Credit reporting: We pull credit reports from Transunion and Experian. We cannot guarantee the accuracy or completeness of the reports. Some creditors do not report to credit bureaus. It is your responsibility to review the report and inform us of any missing bills.

Gleason and Gleason does not perform and this contract does not include any services relating to credit repair or correcting inaccurate credit reports. Credit bureaus may or may not report information regarding payments on cars or real estate you are keeping.

Clients agree that they have received the following documents: copy of this retainer agreement, list of required items to file bankruptcy, debtor's duties as required under sec. 521, notice required by sec 527(a)(2), notice required by sec 527(b). Checks may be deposited electronically. Client agrees to pay reasonable attorney fees if collections become necessary.

Refund Policy: If Client wants to terminate Gleason and Gleason, Client must notify Gleason and Gleason in writing. Gleason and Gleason will then perform an accounting of time and services performed and issue a refund check (if applicable) within a reasonable time. For the purpose of determining the refund due, Gleason and Gleason's current hourly rate is \$300 an hour for attorney time.

| Client Rhonda | Coshan | Attorney | | V | |
|---------------|--------|----------|----------------|---|--|
| | | | | | |
| Joint Client: | | | $\backslash I$ | | |

Adventist Bolingbrook PO Box 9247 Hinsdale, IL 60522

ATG Credit PO Box 14895 Chicago, IL 60614

Bolingbrook Healthcare Assoc 181 Fernwood Dr Bolingbrook, IL 60440

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Cbna 50 Northwest Point Road Elk Grove Village, IL 60007

Central Credit Services, Inc. 20 Corporate Hills Drive Saint Charles, MO 63301

Comenity Bank/Inbryant 4590 E Broad St Columbus, OH 43213

Comenity Bank/roomplce Po Box 182789 Columbus, OH 43218

Comenity Bank/torrid Po Box 182685 Columbus, OH 43218

Credit First N A 6275 Eastland Rd Brookpark, OH 44142

Credit One Bank Na Po Box 98872 Las Vegas, NV 89193 Drs Druzak & Pirozhnik 10 W Martin Ave Ste 100 Naperville, IL 60540

Dsnb Macys 9111 Duke Blvd Mason, OH 45040

Edwards Hospital 801 S Washington Naperville, IL 60540

Fed Loan Serv Pob 60610 Harrisburg, PA 17106

Hyundai Capital Americ 4000 Macarthur Blvd Ste Newport Beach, CA 92660

Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338

Illinois Dept of Employment Securit Bankruptcy Unit Collection Subdivis 33 S State St 10th Floor Chicago, IL 60603

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606

Naperville Radiologists PO BOX 70 Hinsdale, IL 60522

Navient Po Box 9500 Wilkes Barre, PA 18773 Pioneer Capital Soluti 300 E Main St Ste 306 Anoka, MN 55303

Quest Diagnostic PO Box 740397 Cincinnati, OH 45274

Syncb/walmart Po Box 965024 El Paso, TX 79998 Case 17-06751 Doc 1 Filed 03/06/17 Entered 03/06/17 13:51:09 Desc Main Document Page 57 of 57

United States Bankruptcy CourtNorthern District of Illinois

| In re | Rhonda T Goshay | | Case No. | |
|-------|--|---|-----------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 25 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | tors is true and correct to | the best of my |
| Date: | March 6, 2017 | /s/ Rhonda T Goshay Rhonda T Goshay | | |